# Volunteer Application Form
Volunteer at the Franklin Public Library Student Assistance Center

NAME-------------------------------------------------------------------------------

Home Phone-------------------------------------------Cell phone---------------------------------

Address----------------------------------------------------------------------------------

City--------------------------------------Zip--------------------------------------------------

E-Mail Address----------------------------------------------------------------------------

I am available (Please print name in all the spaces that apply):
Mon                    Tues                    Wed                    Thurs

| Day/Time | 3-4 pm | 4-5  pm |
|---|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |

If I become a volunteer, I will honor my time commitment and notify the library if I am unable to work, I agree to a CORI check. I will follow the policies, rules, and regulations established by the Town & the Library.

Signature-------------------------------------------------Date----------------------------------